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Art. I.—ON BELLADONNA AS A PRESERVATIVE AGAINST SCARLATINA.

We extract the following article from a respectable French periodical, in no respect attached to the novel doctrines of the homœopathists.[1] Although feeling in the same manner towards those wild speculatists, we have thought it advisable for the last few years to endeavour to test the prophylactic virtues of belladonna during the prevalence of epidemic scarlatina.

Whether the article exhibited had any preventive agency it is not easy to determine. All we can say is, that the children to whom it was exhibited did not contract the disease.

If the belladonna really possesses any anti-scarlatinous virtues, this can only be tested by experiment, which alone established the antivariolous power of the vaccine matter,—a power, by the way, long contested with much obstinacy by many, until the evidence became overwhelming. With the writer of the following article we invite our brethren to test this interesting question for themselves.

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A note inserted by Dr. Thiébaud, in the Journal of Medicine of La Loire Inferieure, reminds me of the innumerable works published during fifteen years by the first physicians of Germany, regarding the preservative action of belladonna in scarlatina. I have asked myself how it happened that those essays, methodical as conclusive, have not been repeated in France, and I have been unable to explain the culpable negligence of our confrères in this respect. Nevertheless the subject was worthy of peculiar attention. Having lately had opportunity of treating some children affected with scarlatina in numerous families, I was desirous of examining the validity of the results presented by the German physicians; and I conscientiously believe, that belladonna very truly possesses the virtues which have been accorded to it. Scarlatina is one of the eruptive diseases whose transmission is most of all to be feared; when it becomes developed in one subject in a college, or boarding-school, it is not infrequent to see it communicated gradually to twenty or thirty children. A short time since I had to attend on a little girl, who had contracted the scarlatina at the infirmary of the boarding-school of Sacre-Cœur; being removed home, she communicated it to her mother and two of her sisters. At the same time I observed also three children successively attacked by scarlatina in the same family. These facts led me to administer belladonna, in circumstances when the contagion of scarlatina was dreaded, and I am much deceived if this medicine has not had every effect which I expected from it. M. E., captain of engineers, arrived in Paris with his wife and two young children; he resided at his brother's, who had also three children, one eleven, the other eight, and the third six years old. The eldest of these was at boarding-school. The governess of the

[1] Bulletin Général de Thérapeutique, No. 12, Juin 30, 1837.

captain's children, nineteen years of age, was attacked with scarlatina, and communicated it to the youngest child, who was two years old. The sister aged four years, as well as the mother, who did not leave this apartment, were immediately submitted to belladonna. The same thing was done with two of the brother's children, who continued to have communication with the little patient affected with scarlatina. None of those who took the belladonna have had the disease, and it has been caught by the child of eleven years of age, who left the boarding-school in order to pass two days with her parents. This latter did not take belladonna.

The following is the formula which I made use of. Take of recently prepared extract of belladonna, three grains; dissolve it in an ounce of cinnamon water; add fifteen drops of alcohol. I administered morning and evening, for a month, as many drops of this solution as corresponded to the number of years of age of the child. It is not, however, necessary to exceed the dose of fifteen drops in an adult.

I believe that I by the same means preserved from scarlatina two children of M. Kilien, of Astorg street; I have reason to think so, for their eldest brother, who was affected with this disease, communicated it to the child of a neighbouring lady, who sometimes visited him.

These facts alone would be of no value if they were not corroborated by an enormous mass of others, observed in Germany. More than twenty-five practitioners of that country are occupied in verifying this point of therapeutics. Without mentioning the authors who have not kept account of the quantity of patients they have attended, would it be believed that the number of children or adults who have taken belladonna, during more or less violent epidemics of scarlatina, has amounted to 2027, and of this number 79 were affected with the disease. They are not unheard of physicians who have lent their names to this prophylactic medication; there are Hufeland and Schenk, who, of 515 subjects subjected to belladonna, found 3 only affected with scarlatina; Cumper, who of 84 had only 2; Berndt, who of 195 had 14; Behr, who of 47 had 6; Velsin, who of 247 had 13; and Murbeck Dusterberg, &c.

Hufeland acknowledged the antiscarlatinous property of belladonna; he made frequent use of it in his own practice, and he asserts that he had not seen a single subject whom he had treated attacked with this disease.

Dr. Murbeck asserts that for seven years he has employed, always with equal success, belladonna as a preservative against scarlet fever. Whenever the disease manifested itself in any house, either sporadically, or consequent on epidemic influence, he administered to every individual threatened with contagion the preservative in question, taking care to make them continue this treatment to the complete desquamation of the patients; he had recourse to the same preservative in families where the disease had not yet manifested itself, and he asserts that all who, during the space of seven years, have been subjected by him to the use of belladonna were preserved from scarlet fever. As to the question of how the belladonna acts in preventing contagion, he thinks that it destroys the susceptibility necessary for contracting scarlatina, precisely in the same manner as the vaccine matter counteracts the variolic virus, with this difference, however, that the extinction produced by the vaccine is permanent, whilst the operation of belladonna is according to every appearance transient. That physician employed the following formula:—Extract of belladonna, obtained by the evaporation of the fresh juice of that plant, two grains; fennel water, an ounce; dissolve. To children from one to ten years old, he ordered from one to five drops of it four times a day; and to children above ten years, as well as adults, from six to ten drops.

Dr. Dusterberg, of Warburg, has administered belladonna with such success that during three consecutive epidemics of scarlatina, he looked upon this prophylactic remedy to be as efficacious as vaccine matter in small-pox. In order to be more certain as to the results, he made one of the most conclusive experiments. He selected, in each family submitted to treatment,

one child, to whom belladonna was not given. All the children thus excepted were affected by the contagion! Dr. Dusterberg made use of a solution of three grains of the extract of belladonna in three drams of cinnamon water. He administered according to age, from ten to fifteen and twenty drops twice a day.

Dr. Velsen, of Clèves, among two hundred and forty-seven persons, who made use of belladonna, had only thirteen who contracted scarlatina, to wit, four children, who used the remedy for several weeks, though irregularly; one child who took it regularly for fourteen days, another for eight days, and seven who had taken it only during forty-eight hours. He records the history of the father of four children, who, having for a few instants only visited a friend labouring under scarlatina, became affected a few days after with this disease in a high degree; his wife and children, the younger of whom was three weeks old, and the eldest four years, used uninterruptedly the extract of belladonna: although they lived with the patient day and night, in a small and hardly ventilated chamber, none of them was affected. That physician concluded from his numerous observations,—1st. That belladonna is a preservative against scarlatina, in a great majority of cases. 2dly. That the disease is milder in those who have made use of it. And 3dly. That when administered in the doses pointed out, this substance is not attended with any danger. Velsen gave the following prescription:—Take of extract of belladonna, two grains; distilled water, two ounces; alcohol, two drams. The dose was from five to ten, fifteen, and even twenty drops, twice a day, according to the age.

What then must we conclude from all that precedes? Shall we say with the German physician, "That to call in doubt the prophylactic virtue of belladonna is to refuse to see with the eyes open?" Assuredly not: we cannot be so positive, for we are far from being completely convinced. But we will say that this subject is worthy of being studied, and we request our *confrères* to elucidate it by their observation, profiting by the practical evidence which we lay before them. A.

Art. II.—CASE OF ALLEGED IGNORANCE AND MALPRAXIS.

For the following report and subjoined remarks we are indebted to Dr. Thos. Rolph, of Ancaster, Gore District, Upper Canada. The case was tried at the recent assizes held at Hamilton, in that district, and the report is taken from shorthand notes. It is one—as Dr. Rolph remarks—which is of importance in medical jurisprudence; and hence we publish it in detail.

The Queen v. Flint L. Keyes.

This was an action brought against the defendant for having unskilfully used improper instruments during the labour of a Mrs. Lydia Miller, by which grievous injury was inflicted on her child. The case on the part of the prosecution was ably stated by the Hon. W. H. Draper, Solicitor General. He stated that he had preferred bringing the defendant before them for a misdemeanour, caused by ignorance, negligence, and unskilfulness in his profession, rather than for the higher and more serious charge of infanticide, of which crime there might be doubts. He should call on some of the women who were present during this labour, and also on the medical gentlemen who examined the child, and if the jury were fully satisfied that unnecessary rashness and violence had been resorted to during the progress of this labour, by which damage and injury had been inflicted on the child by improper instruments, they would then convict the defendant; if any doubt, however, existed on their mind, it was certainly then their duty to give the defendant the benefit of their verdict.

Susannah Pepper, examined.—Was present with Mrs. Lydia Miller both during and at her delivery on the 18th of Sept., 1835. She was first seized with pains in the evening of the 17th, about sunset. Dr. Keyes was sent for from Brantford, and arrived between nine and ten o'clock. The labour was completed the following morning, about an hour and a half after sunrise. It did not exceed altogether thirteen hours from its commencement to its termination. Came before Dr. Keyes. About midnight, or more towards morning, Dr. Keyes attempted to deliver Mrs. Miller with a pair of forceps, but did not succeed; he then asked for a pair of common house scissors, which were handed to him—they were then clean. Saw him place them under the bed-clothes in the direction of the woman. After using them some time on the woman, took them out and flung them on the ground—they were then covered with blood. Mrs. Miller had had several living children before this. Was there when Dr. Rolph came. The child was born two hours after he arrived—it was dead.

Cross-examined.—Did not observe much flooding—was not aware of any. Was altogether much alarmed, never having seen the use of such an instrument before.

Martha Stroubridge, examined.—Was present with Mrs. Miller during her labour and at her delivery. Mrs. Miller was at her house all the afternoon of the seventeenth, and walked home. She was taken bad at night. Sent for Dr. Keyes, from Brantford, who arrived between nine and ten o'clock. Mrs. Miller was the mother of seven living children. During the night she was in great distress. Dr. Keyes said it was necessary to use the instruments. He tried to apply the forceps, but he did not succeed. Some time after that he asked for a pair of scissors; they were handed to him. Saw him take them into his hand and introduce them under the coverlid in the direction of Mrs. Miller; after using them for some time he dropped them from his hand on the floor; they were then bloody. From what passed at the time she is quite sure that Dr. Keyes meant to deliver the woman immediately by using the scissors on the head of the child. The woman called on Dr. Keyes to break the child's skull. Did not observe much flowing.

Cross-examined.—There was some flowing, not a great deal. Dr. Keyes asked for cloths, which were handed to him. He applied them to Mrs. Miller. Did not think the flooding was alarming. Did not perceive that she was faint; she was in great pain. Dr. Keyes could not use the forceps. Heard something about Dr. Mullen having applied them formerly to Mrs. Miller, but was since informed by Mrs. Miller that no instruments had ever been used in any of her former deliveries.

Mrs. Henry Odell, another female who was present during the labour, was not called by the officer for the crown, nor by the defendant's counsel, although one of the latter held a long conversation with her during the examination of the witnesses.

Dr. Rolph, of Ancaster, examined.—Was called from his bed on the morning of the 18th of Sept., 1835, between four and five o'clock, to hasten to a Mrs. Miller in her accouchement, in the fifth concession of Ancaster, distant seven miles from the village of same name. The messenger who came for him, represented the case to be one of extreme urgency, the woman being supposed in imminent peril of her life; requesting him to bring along with him all his midwifery instruments. On arriving at the fence, situate about twenty yards from the house, he was met and accosted by Dr. Keyes, who informed him that he had been some time in attendance, that the case he apprehended was a desperate one, and that the mother could not be saved without the sacrifice of the child. He replied to Dr. Keyes that he should be a better judge of that necessity, after having seen and examined the patient. Finding the pulse and the countenance good, he proceeded to make a manual examination, and discovering that the labour was then only in course of progress, and the presentation natural, he recommended patience. After waiting about half an hour, and finding a degree of inertness about the

labour, the pains not being powerful, although the womb was nearly fully dilated, he administered a preparation of ergot of rye, a medicine frequently given to accelerate the pains when the powers of the womb are sluggish; first also having learnt from Mrs. Miller that she had had several living children previously, and that her former labours had always terminated well, although always somewhat protracted. The pains becoming brisker, the head of the child was soon forced down and expelled. As soon as expelled, he observed a wound on the scalp of the child about an inch in length, which, some of the women present informed him, had been inflicted, during the course of parturition, by Dr. Keyes; and knowing that there was an evident distinction in law, between the destruction of the child while yet in the womb, or the destruction of the child fresh born, or during labour, the one termed fœticide, the other infanticide, he resolved to make as accurate an examination of the infant as possible. Whether the child breathed or not, after its expulsion, cannot remember—thinks if it had that he should not have forgotten it—but as there was sufficient evidence of existing mortal injuries, which it was morally impossible could have been the consequence of accident, but must have been caused by violence, was induced to inspect the child very carefully. It was a male child, full grown, the ossification was as complete as it could be at birth, and the testes were in the scrotum. The child being perfectly developed, rendered the probability much greater of its being born alive, and which he firmly believes it would, had it not been for the puncture with the scissors. Had the growth of the child been stunted, or its appearance immature, it might have been stillborn from natural causes. He requested his friend Dr. Craigie to accompany him to an examination of the child's head, after he had got an order from the magistrates, to whom he had communicated the entire transaction on his return home from the case. There was a wound of an inch in length on the left parietal bone, beneath which was a firm coagulum of blood, amounting to at least two ounces; and a bruised appearance extending from the wound to the neck. The pericranium was much lacerated, and the bone of the skull considerably indented. On a review of the whole case he gave it as his decided opinion that there existed no necessity for any instruments at all—that craniotomy was out of the question—that it was proved so, as the labour had terminated naturally, favourably, and as well as all her previous labours had done—that a common pair of scissors could not possibly perform such an operation even if required—that the period in the labour had not arrived when it could be either safely or properly performed—that an operation involving the life of a child should not be attempted, although to save the life of its parent, except in the presence of a second medical man whenever he could, by possibility, be procured—and that he firmly believed that the death of the child, in this instance, was solely owing to the injury inflicted on it by an improper instrument, and in unskilful hands. The labour was strictly a natural one in every respect, having terminated by the contractions of the womb alone, and in a moderate period of time. Dr. Blundell, his preceptor, recommends to his pupils not to use instruments until between thirty and forty hours after the rupture of the membranes.

Cross-examined.—Does not believe that there had been any flooding—certainly none to cause alarm—saw no indication of any whatever, either on the floor or on the person of the patient, or about the bed or bed-clothes—saw no bloody clothes—there were none in the room. Was not informed and did not hear of her having been removed to another bed before he came. The pulse of the patient was firm and good—her countenance natural, neither flushed nor pallid—opium undoubtedly might have produced that state of tranquillity—its operation is not uniform, it will sometimes quicken, as well as check, the velocity of the pulse. Dr. Keyes did meet witness at the fence but said nothing more to him than that it was his impression that craniotomy must be performed—did not inform him of any flooding—it was not mentioned either by him or the women present—did not say that he had attempted the use of the forceps, nor that he had used any scissors. Witness

came immediately after the delivery and gave information to the magistrates—also drew up a statement for the medical board. Having taken these steps at the time, he felt, as it regarded himself, relieved from any further responsibility. Should not have brought it forward at this time, but was induced by Dr. Digby, who had appeared before the grand jury, and stated to them this case and other cases of malpractice on the part of Dr. Keyes. Witness gave Mrs. Miller the ergot of rye owing to the sluggish state of the uterus. The os uteri was not fully dilated at the time, but Dr. Keyes had hours before that tried to use the forceps. The hand could readily reach the ear. Gave the decoction of the ergot of rye in three divided doses—making use of one dram for the three. Is not aware that there is great difference amongst medical men when to administer this auxiliary to labour—thinks it may be given advantageously after a moderate dilatation of the os uteri if the pains were infrequent and dull—before that time thinks it would not be advisable to give it. Witness was most decidedly of opinion that craniotomy, the reduction of the diameter of the head, could not have been effected by a pair of common house scissors—will not positively say that it might not, but is firmly of opinion that it could not. Was not aware that the umbilical cord was so entangled round the child's neck as to choke it—never yet knew of a child being choked until it had breathed—will positively swear that had there been such an entanglement of the cord he would have soon extricated it—is clear that that did not occasion the child's death. It is not absolutely necessary that the child should respire immediately—sufficient time would exist to allow of the disentanglement and division of the cord. Thinks he held no conversation whatever with Dr. Keyes in the house. He informed Dr. Marter of Brantford, by letter, of this transaction, in order that Dr. Marter might communicate it to Dr. Digby, against whom an action for slander was pending at the suit of Dr. Keyes. Preferred giving the information in writing, and through a third person, in order that it might not be deemed a confidential communication. Is certainly quite unconscious of coagula of blood being common during labour, under the scalp, when instruments have not been used—never met with any such instance—never heard of one. Has frequently seen and met with a tumefied and puffy state of the scalp induced by severe and protracted labour—had no cause for supposing it an effusion of blood—this case by no means did he view as a difficult labour—it certainly was not. In cases only of tedious or unnecessarily protracted labour would it have been prudent to give ergot of rye. In this case the pains were far between and feeble, perhaps from the administration of opium. Has performed the operation of craniotomy on the same individual three times in the province, once in the presence of the late Dr. Willison, once with Dr. Craigie, and lastly, during this last summer, in presence of Dr. Gun—in neither case until forty hours had elapsed after the rupture of the membranes. Would not consider himself justified in destroying a child's life except in presence and with the concurrence of another medical man if he could possibly be procured. Thinks the average duration of labour shorter in this province than in England—climate might occasion some difference.

Dr. Craigie, examined.—At the request of Dr. Rolph went with him and examined the head of the child of a Mrs. Miller. The child was disinterred by the brother of a Mrs. Miller and another man, and identified. Had the appearance of a child at the full period of gestation—was well formed and plump, although very pale,—putrefaction had not commenced. On the left side of the head the cap was much stained, as if by bloody serum. Over the left parietal bone was a considerable tumour, about three inches in diameter, of a bluish colour; a streak of the same colour extended downwards behind the ear to the side of the neck, and was rounded at the extremity as if caused by the edge and end of a forceps blade—there was a simliar appearance on the opposite side, but narrower and less distinct. On the middle of the tumour and over the centre of the left parietal bone was an irregular ragged wound, about an inch in length, penetrating to the bone,

which was much indented and scratched. The tumour was found to consist of a firm coagulum of blood—upwards of two ounces between the skin and pericranium and near the site of the wound, also under the pericranium, a considerable portion of which was detached from the bone. There was also very considerable sanguineous effusion along the tract of the discoloured mark on the side of the head and neck continuous with the lower part of the tumour. Considering the above amply sufficient to prove that unwarrantable injury had been done to the child some time previous to and probably causing its death, it was considered unnecessary to prosecute the dissection under the circumstances, which were particularly unfavourable for careful or protracted dissection. Should not have recollected all these particulars if it had not been for the notes which he made at the time. Was shown a large pair of house scissors at Mrs. Miller's house by Mrs. Miller herself, who informed him that they were the pair used; they were very blunt.

Cross-examined.—Certainly thinks the injury inflicted the most probable cause of death. Did not examine the brain. Cannot say what mischief, or if any, was done to that organ by the depression or indentation of the bone. Does not believe it practicable to perform the operation of craniotomy with a common pair of scissors. Would never attempt that operation alone if another medical man could possibly be procured. If any flooding existed, rendering interference necessary "*would pursue a totally different course from that which was pursued.*" The wound, in his opinion, must have been inflicted a considerable time before the death of the child. Believes the coagulum of blood to have been produced by the wound—it could not have occurred from the pressure on the child's head during a natural delivery.

By one of the Jury.—Had no hand whatever either directly or indirectly in the institution of these proceedings. Knows nothing of how they originated.

For the Defence. Mrs. Stroubridge recalled.—Remembers that Mrs. Miller was removed from one bed to another. There was but one room in the house. She flowed considerable. Some blood had run upon the ground. She did not faint. The pains were very severe.

Dr. Jabez Kellogg, examined.—Would sometimes in cases of violent flooding resort to the perforation of the child's head, but never until every other means had been tried to arrest it, such as rest, horizontal position, wet cold applications,—would only resort to such operation to save the mother. Has frequently seen coagulated blood on the heads of children born alive, owing to great pressure in a very severe and long protracted labour—has found it necessary to puncture the scalp to permit the escape of the coagulum. In the case of Mrs. Miller's child the wound inflicted by the scissors might or might not have produced death—thinks it would be very difficult to pronounce—is of opinion that the hemorrhage causing the coagulum might have taken place in the child's scalp after its birth, even though it had been born dead. In a case of perforation of a child's head, if he had not succeeded in penetrating the skull, where the operation was performed, in consequence of flooding, and the flooding had ceased, he would certainly desist from the operation and not make further efforts to break the head down.

Cross-examined by the Hon. W. H. Draper.—Now, sir, you have heard the whole of this case, would you have acted as Dr. Keyes did?

I certainly should not.

Hon. W. H. Draper.—I have not another question to ask you.

Dr. Oliver Tiffany, examined.—Is of opinion that a wound made some time before the death of a child, on its head, might produce a coagulum of blood, from the circumstance that the head was being propelled outwardly by an inward force. Thinks one or two ounces of coagulated blood on the skull of children very common. Is of opinion that ergot of rye very frequently destroys children, particularly if given before a full dilatation of the

os uteri. Would himself have no hesitation in using a common pair of house scissors for the perforation of the head in a case when he could not readily procure a perforator. The scissors he apprehended would make no difference to the mother and cause but little more pain to the child—they would be cumbrous and unhandy to the operator, but thinks the operation of craniotomy might effectually be performed by them. Believes it must have taken at least four ounces of liquid blood to have formed a coagulum of two. The coagulum is always found on the presenting part. Thinks that pressure on the umbilical cord was more likely to have caused this child's death than the wound inflicted on its scalp, the indentation of the skull, and laceration of the pericranium. Does not believe that a wound on the scalp, even accompanied with a large coagulum of blood, would alone cause a child's death—should certainly look for and refer it to other causes than that, more especially from pressure on the umbilical cord. Had seen an instance of death occurring in his own practice by entanglement of the cord round the child's neck, the strait of the pelvis being narrow and retarding the expulsion of the head, the pains being at the same time severe and continued; after a lengthened effort to resuscitate, one or two feeble respirations were induced, but the child died.

Cross-examined.—Forgets the proportions of the blood, but thinks it would not take more than four ounces of liquid blood to produce a firm coagulum of two. The perforator is used for breaking down the brain, not the skull. After the brain escapes the skull will yield to the force of the pains, and the diameter will become consequently reduced. Does not believe that scissors which were so dull as not to be able to perforate the skull after repeated attempts, could sufficiently indent or depress it as to produce compression of the brain, or extravasation of blood. Is certainly of opinion that the contractions of the womb became so violent and continuous from giving ergot of rye as to endanger the child's life—it is not generally given in England, France, or the United States—has never administered any himself—never seen any one else do so—has never read any work treating of its powers—does not find it recommended by Burns—has seen no great medical authority advising its use. Heard every particular of Mrs. Miller's case—would not have acted like Dr. Keyes.

Dr. Dickinson, examined.—Has heard the description of the wound inflicted on Mrs. Miller's child's head. Thinks it possible that an indentation of the skull might be made without producing mischief beneath. Does not think that the pressure caused by making an unsuccessful effort to perforate could be so strong and long continued as to destroy the child. Thinks that a complete perforation would be necessary to produce the death of the child. Does not think the mere pushing of the instrument against the skull could injure the child. Is decidedly of opinion that the child's death did not ensue from violence, as the perforation was not accomplished. Would be very sorry to say that the death of the child had been caused by the wound—however, will not say that it was not. Had he even seen and examined the wound, could not have known that it had been either the cause of or instrumental to death without making a thorough examination of the child. The brain ought to have been examined. Is of opinion that a pair of blunt house scissors, such as described, could not effect much more injury than the hand. Thinks that in cases of difficulty and emergency a physician should act on his own responsibility. Thinks a case might arise where he might prefer using a common pair of scissors in preference to waiting two hours for a more proper instrument. If pulsation had been arrested by any pressure on the umbilical cord it would cause death. Entanglement of the cord is not uncommon, but is readily rectified. Coagula are not uncommon—was attending a case of severe labour, where he knew the head was the presenting part, but the pressure was so great as to produce two apparent tumours on the head; that when Dr. Jewett came to the case he mistook the presentation for that of the breech. Ergot of rye produces powerful action of the womb—has known of its administration—thinks it

was as properly given in this case as in any that has come within his notice.

Cross-examined.—Certainly he should not have acted as the defendant had done under the circumstances of the case. If he was in attendance in a case, however, where flooding was very violent, he should resort to immediate delivery "*by perforation of the head!!*" Is certainly inclined to think that the defendant did not take a proper course. It is, however, difficult to determine what might be done under extraordinary circumstances. It is impossible to pronounce an opinion of rashness from being obliged to take violent measures in a sudden and pressing emergency. Could really see no valid or substantial objection to the use of ordinary scissors for piercing the skull if that measure was deemed desirable. Certainly as the case turned out it was to be regretted that the attempt at perforation was made. Would have used the forceps himself. Thinks that four ounces of blood would not be missed by the fœtus in utero as it would be soon supplied with more. Would himself refer the death of the child to some unknown or non-apparent cause than to the various injuries which had taken place.

Mr. O'Reilly then addressed the jury for the defendant, commenting on the great lapse of time which had intervened since the alleged misconduct of Dr. Keyes in this case, and the present prosecution. It was very clear that from the steps which Dr. Rolph felt warranted to take at the time, by giving information to the magistrates, and drawing up the statement for the medical board, and no prosecution having resulted from these measures, that it was properly considered to be no case for prosecution. That Dr. Keyes having acted to the best of judgment in a case of difficulty, and possessisg the confidence of his patient, it was properly viewed as a case where a prosecution could not be sustained. The matter was wisely allowed to drop, nor would it now or ever have been brought before a jury but for the professional jealousy of a rival physician, who envied the increasing fame and celebrity of his client. It seemed evident, from the concurrent testimony of all the medical witnesses, that Dr. Keyes had acted somewhat rashly and precipitately; he had no wish to deny that, but it was an error in judgment, under very trying circumstances, and ought not to subject him to the severe penalty and degradation which a conviction for the offence imputed must necessarily involve. There was no proof whatever of any malice or wilful negligence. The case as related to him by Dr. Keyes he would state to the jury, who would see how far it was borne out by evidence, and they would then form their own conclusions. Dr. Keyes was in attendance on Mrs. Miller, who being in severe pain and great distress, accompanied with much flooding, and expressing herself in great apprehension of her life, and entreating of him to deliver her, he tried to do so with the forceps, but finding all his efforts ineffectual, he thought it was necessary to deliver the mother at the expense of her child. Being unprovided with the customary instruments, and fearing that delay might be fatal, he requested a pair of scissors, which, after various attempts, he found incompetent for the task; he then consented for counsel, and Dr. Rolph was sent for. The flooding having ceased he desisted from further use of the scissors, and waited the arrival of Dr. Rolph. Before that gentleman came, Mrs. Miller was removed to another bed, which accounts for his having discovered no symptoms of flooding. As the labour had terminated as it had done, it was certainly deeply to be regretted that the steps described were taken, but being only an error of judgment, and evidently acting under a powerful sense of the necessity for immediate action, the defendant could not be viewed as guilty, nor could be justly convicted of any criminal intention or offence. He felt satisfied that the jury would place the most favourable construction on the defendant's conduct, and give him, without hesitation, the benefit of their verdict.

The Hon. W. H. Draper replied in a most able, eloquent, and perspicuous manner. He said that until a few days since he had heard nothing of this matter, but that he considered that Dr. Rolph had acted most properly in giving immediate information of it to the proper authorities, and it was

much to be deplored that the matter had not undergone a full and entire investigation at that time. The remembrance of the witnesses would have been much more vivid, and they would have been more competent to have given minuter details and more satisfactory and perfect evidence. It was these reasons operating powerfully on his mind that had induced him to forego a prosecution for infanticide, and confine himself to one strictly of misdemeanour. So that his learned friend had altogether misapprehended him; he did not accuse the defendant of wilfulness or malice in causing the child's death: not one word of any such accusation could be found in the indictment. But he did accuse him of unskilful and unprofessional treatment; that was the offence. The attempted perforation, the actual wounding, and that with the instrument and under the circumstances described, was the offence; the death of the child had nothing to do with it, although he believed it was the consequence. Not one single medical gentleman had justified the treatment, although some had endeavoured to palliate it, and divest it of its harshest colours. How, even had the case of flooding been borne out, on which so much and such great stress had been laid, could such a circumstance have been so effectually concealed? The very circumstance on which an attempted justification of the practice has been sought to be established. The only witness who has spoken of it was Mrs. Stroubridge, who, in her evidence on the part of the prosecution, most distinctly averred that it was not alarming. Let it be remembered that it was on this account the attempt by delivery with the forceps was made, and yet it appeared that it was some time afterwards before the scissors were tried. But the strongest circumstance against the defendant, unquestionably, was, that at and after Dr. Rolph's arrival the defendant did not inform him of any flooding—said nothing of the forceps or the sheers, but merely contented himself with expressing an apprehension that the destruction of the child was inevitable and indispensable; hoping, doubtless, that he would complete, having all his midwifery instruments with him, what the defendant had so rashly and unwarrantably begun. It was far from his wish to press for conviction, but he should not have discharged his duty without pointing out these matters. In the hands of the jury he left the full consideration of the case, trusting most implicitly to their knowledge and discretion; convinced that if there was a doubt the defendant would receive the benefit of it; if not, that the prosecution would be sustained. The learned judge summed up very ably and impartially, merely observing to the jury that although great stress had been laid by several witnesses that the death of the child could not have been the result of the attempted perforation, yet that they must bear in mind that there was no other result to be gained by the perforation but the destruction of the child—that its death was therefore intended if not accomplished. The jury retired, and after being absent some time, returned a verdict of not guilty.

Remarks.—Dr. Collins, the head master of the Dublin Lying-in Hospital, and one of the best authorities of the day, says, "the powers of the constitution fail but seldom in expelling the fœtus, where there is no material defect in the formation of the pelvis." Again, "Generally speaking, so long as the pulse remains good, the bowels and bladder act well, the soft parts remain free from severe pressure, and uterine action continues, so as to cause the descending part to *descend ever so slowly*, the patient having no pain in the abdomen on pressure, or local distress, the child at the same time being alive, as indicated by the stethoscope, I am satisfied no attempt should be made to deliver with instruments, and that he who does so wantonly exposes both mother and child to danger. A prudent use of instruments in the practice of midwifery is of great importance, but the necessity alone of freeing our patient from impending or present danger, should induce us to resort to them." In opposition to the profound Dr. Dickinson, Dr. Collins further states, "In every instance, where practicable, previous to using instruments, it is desirable a second physician should be consulted in order to satisfy both the friends of the patient and ourselves that we are

doing what is essential for her safety. Some practitioners never think of taking this precaution, nor do they ever attend a patient *without a forceps in their pocket;* such conduct I look upon as unjustifiable in the extreme, and am happy to think *it is the practice of those only who have little character to lose.*"

Art. III.—ON DISLOCATION OF THE THUMB, WITH REMARKS AND EXPERIMENTS.[1]

BY J. ADAIR LAWRIE,

Professor of Surgery, Andersonian University, Glasgow: Senior Surgeon, Glasgow Royal Infirmary.

I am indebted to Dr. Hunter, Andersonian Professor of Anatomy, for permission to examine and make public the following case:—A female subject was brought into Dr. Hunter's dissecting rooms during the course of last winter, with an unreduced dislocation of the phalanx of the right thumb, on the back part of the metacarpal bone. It was ascertained on enquiry, that the dislocation had existed for three years, and that several unsuccessful attempts had been made to reduce it. The motions had been partially restored and performed without pain. Previous to dissection, the phalanx was seen to be thrown back, with an anterior and posterior prominence. The thumb shortened, the second phalanx not bent on the first, and the articulation between them capable of free flexion and extension. There being no swelling, the nature of the action was obvious.

Dissection—Bones.—The end of the phalanx was thrown on the back and inner part of the metacarpal bone, to the distance of at least an inch. The circumstance of the phalanx being placed on the inner side of the back part of the metacarpal bone is worthy of notice, as I believe it is almost uniformly so situated in this dislocation. The end of the metacarpal bone projected forwards to a distance corresponding with the displacement backwards, free from muscle or ligament.

Ligaments.—The anterior ligament torn from metacarpal bone; the posterior pressed back, but apparently nearly entire. The anterior portion of external lateral torn; the posterior portion stretched, thrown back and across the metacarpal bone; the internal entire. New ligamentous connections had formed between the displaced bones.

Muscles.—Extensors thrown back, and somewhat stretched over the end of the phalanx; of these, however, I cannot speak with certainty, as they were cut before I examined the preparation minutely. Abductor thrown back, and a little stretched. Opponens a little changed. Flexor brevis: on this muscle and the flexor longus the alteration of position was most remarkable. Dr. Hunter thought that the brevis was not torn, but that the end of the Metacarpal bone had passed between its two portions, one of which was on each side of it, grasping it firmly. Further examination induces me to think that the greater part of the outer head was torn, the end of the metacarpal bone having passed through its fibres, and that the inner head was uninjured, having slipped to the inner side of the metacarpal bone. The tendon of the flexor longus lay on the inner side of the metacarpal bone, along with the inner head of the brevis, pressing on the abductor and pushing it back, which last muscle, with this exception, was unchanged.

Nerves.—The first, or external digital nerve, is thrown to the inside of the metacarpal bone, and lies imbedded between the phalanx and metacarpal bone at the points where the former rests on the latter.

Sesamoid bones were not connected with the metacarpal bone. It was found that it would injure the preparation if the dissections were carried so

[1] London Medical Gazette, Oct. 14, 1837, p. 93.

far as to ascertain if they were placed between the metacarpal and the phalanx, in which situation I have, however, no doubt that they are.

Although there are several points in the above dissection which were new to me, they had rather the effect of unsettling my previous opinion as to the cause of difficulty in reducing this dislocation, than of satisfying me as to what that cause really is. In the hope of further elucidating this point I proceeded to make experiments on the dead body. To detail all these experiments and dissections (and I have made a great many) in the order in which they were made, would be tedious and unnecessary. I prefer arranging them into three classes, according to the amount of dislocation produced, and giving one dissection as an example of each class. The experiments consisted in dislocating the articulations, by grasping the phalanges of the thumb and bending them powerfully backwards; and the dissections in dissecting the parts, and removing one layer of muscular fibres and of ligaments after another, so as to ascertain the true cause of the difficulty of reduction.

I. Partial dislocation.—The external characters are,—anterior and posterior prominences slight; the posterior projects directly backwards. Phalangeal articulation bent like the dog-head of a gun, and cannot be extended; disfiguration considerable.

Dissection.—No muscular fibres torn; abductor and both heads of flexor brevis somewhat stretched and thrown a little back; tendon of flexor longus considerably stretched but not displaced, retaining its natural position on the fore part of the articulation between the two heads of the brevis.

Ligaments.—Anterior partly torn; posterior entire, stretched; external lateral has a few of its anterior filaments torn, its posterior stretched; internal lateral entire, a little thrown back. Articular extremities of bones partially displaced; that of phalanx backwards, and very slightly inwards. Reduction was easily effected; all that was necessary was to extend the articulation between the phalanges; the flexor longus tendon, when brought into a straight line, drew the bones into their place.

Remarks.—I have never seen this dislocation on the living subject. It probably seldom requires surgical treatment, being reduced by the action of the flexor longus or by pressure made by the patient over the articulation. The muscles are too little displaced to oppose much resistance to the reduction.

II. Complete dislocation.—External characters: anterior and posterior prominences well marked; the latter a little to inside. Articulation between phalanges bent, but can easily be extended.

Dissection.—Abductor and adductor nearly as in last experiment. Inner half of external head of flexor brevis torn by the end of the metacarpal bone; remaining part lies on the outside of the bone and thrown back. Internal head lies to the inside of the bone, and somewhat backwards. Tendon of flexor longus thrown from off fore part of articulation to inside of metacarpal bone, and carried considerably backwards, pressing on inner head of brevis and adductor; that part of its sheath connecting it with the articulation, and the end of the metacarpal bone, torn; that connecting it with phalanges entire. Anterior ligament torn, excepting at inner side; posterior entire, stretched; internal lateral entire; anterior part of external lateral slightly torn; posterior part stretched, thrown back, and a little across end of metacarpal bone. Displacement of phalanx backwards does not exceed half an inch. Sesamoid bones remain attached to phalanx. Reduction on dead subject easily effected.

Remarks.—I should not anticipate great difficulty in reducing this dislocation on the living. The causes opposing reduction I conceive to be the following:—

1st. *Muscular contractions.*—The muscles least affected and most easily overcome, are the extensors, abductor, and adductor. The flexor brevis and longus are less easily dealt with; we have seen the metacarpal bone driven through the external head of the brevis, and so situated as to be firmly

grasped between its remaining fibres and the internal head, the tendon of the longus on the inside of the articulation dragging the phalanges inwards, and locking them in contact with the metacarpal bone. These, though rather formidable obstacles, are within the control of bleeding, antimonials, and the pulleys.

2d. *Ligaments.*—My experiments lead me to conclude that the lateral ligaments have been reckoned of greatly too much importance in this dislocation. If they are the causes of difficulty, the reduction ought to be nearly as difficult on the dead as on the living, which in this degree of dislocation is by no means the case. It is quite a mistake to suppose that the end of the metacarpal bone is grasped by the lateral ligaments, and cannot escape. The internal lateral ligament is little, if at all, implicated in the matter; the external may result in this way. The phalanx being thrown inwards, the external lateral ligament is dragged with it, and thrown a little across the back of the metacarpal bone, and in attempts to reduce the dislocation, catches on the prominence, on the outer and back part of the same bone. If the phalanx is pulled forwards and bent across the palm of the hand, the resistance will probably be considerable, but never such as to require or justify the operation of cutting the ligament. To overcome the difficulty, use the pulleys, press the bones asunder by pushing the metacarpal bone towards the palm, the phalanx towards the dorsum, extend the thumb towards the points of the fingers, not across the palm; next press the metacarpal bone backwards and inwards, the phalanx forwards and outwards; lastly, smartly bend the joint.

3d. The third cause of resistance is the locking of the prominences on the back part of the metacarpal bone, and the fore part of the phalanx. The manipulations recommended ought to overcome this difficulty.

III. This dislocation is also complete, and differs from the last in the following respects:—The displacement is greater, amounting at least to an inch. The end of the metacarpal bone is driven completely through the inner fibres of the external head of the flexor brevis. The anterior ligament is completely torn from the metacarpal bone, and remains attached to the phalanx and sesamoid bones in such a manner that the torn ligament and sesamoid bones are carried backwards by the phalanx, and placed between it and the metacarpal bone. This state of parts is aggravated and rendered permanent by the contraction of the muscles attached to the sesamoid bones and anterior ligament, which muscles, together with the tendon of the long flexor, only differ from their position as described in last section, in being carried farther back. The result is, that the opening in the ligaments by which the metacarpal bone escaped is thrown back nearly half an inch, and the remains of that ligament and sesamoid bones form a partition between the displaced ends of the bones, which form a mechanical obstacle to the reduction of the dislocation, in some instances I fear insurmountable. This, I am satisfied, is the true cause of the difficulty experienced in replacing the bones in some cases, and of total failure in others. The position of the digital nerve, in Dr. Hunter's preparation, proves that besides the sesamoid bones and ligament, whatever parts are more firmly connected with the phalanx than the metacarpal bone will follow the former backwards, and be wedged between it and the latter. It must further be kept in mind, that, in addition to this mechanical obstacle, we have all the causes of resistance mentioned in the last section.

How are these difficulties to be overcome? I fear, as already hinted, that in many cases the reduction is impossible, without the infliction of an unwarrantable extent of injury on the thumb. I have not yet, in practice, met with an "impossible" case, but whenever the displacement is great,—and I believe the amount of mechanical obstruction will generally correspond with the extent of displacement,—I would recommend the following: Take a door-key, the open part of the handle of which will rather exceed the length of the first phalanx; put the thumb through it, apply the pulleys, give tartar emetic and bleed to faintness; extend the pulleys (in the direc-

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tion recommended in last section) as far as can be safely done; employ the manipulations already described, assisting the flexion with the key, so used that the curve which lies on the dorsum will press on the nail end of the first phalanx, and the opposite curve on the end of the metacarpal bone. This failing, reverse the key, carry the under curve towards the point of the thumb, place the posterior on the displaced end of the phalanx, and throw the parts into forced extension, relaxing at the same moment the pulleys.

I disapprove of cutting; but if a knife is used, employ one which is narrow but strong; pass it into the joint and between the bones in such a manner as (if possible) to disengage the anterior ligament and sesamoid bones from their unnatural position. This attempt should be made while the pulleys are in operation. As the external lateral ligament is not the cause of the mechanical obstruction, it is cruel to cut it; moreover, it is useless. I have cut it on the dead subject, and failed to replace the bones. Indeed, I believe that those cases in which the external lateral ligament is most extensively torn, are the most difficult to reduce, because in them the displacement is greatest; and in proportion to the extent of displacement the mechanical obstacle is increased.

Glasgow, August, 1837.

P. S.—Since writing the above I have had the great pleasure of being introduced to Sir Astley Cooper, during his short visit to Glasgow. I took the opportunity of asking him what he considered the cause of the difficulty of reducing the dislocation. He at once replied—"The sesamoid bones." I asked him if he had verified this by dissection or experiments; to which Sir Astley answered, "In the great toe but not in the thumb; but I am satisfied that the causes are the same in both." I then mentioned to Sir Astley what I had done on this subject; and I have great satisfaction in being allowed to give his very high authority in confirmation of the opinions given in this paper.

September 26, 1837.

BIBLIOGRAPHICAL NOTICES.

Green on Diseases of the Skin.[1]

This is the latest of the treatises on the diseases of the skin that have appeared, and it is one of the best. The seventh number of the "British and Foreign Medical Review" thus speaks of it in a joint notice of the works of Green and Plumbe:—

"In the observations which we have been induced to make upon the works of Dr. Green and Mr. Plumbe, we have not felt ourselves called upon to enter into an extended analysis of their contents, since both treatises have been already some time before the profession, whilst the consideration of the several subjects in detail would have encroached too much upon our limits. For these we must refer to the works themselves, in which our readers will find them in general judiciously treated. Dr. Green's compendium is decidedly the most complete, and is further valuable as containing the

[1] A Practical Compendium of the Diseases of the Skin, including a particular consideration of the more frequent and intractable forms of these affections; with cases. By Jonathan Green, M. D., Member of the Royal College of Surgeons in London, Fellow of the Royal Medical and Chirurgical Society, and late Surgeon in the Royal Navy. The second edition, corrected and improved, with two illustrative plates. 8vo, pp. 371. London, 1837.

results of his own experience in the treatment of the cases, with the advantage of well regulated baths and purgations."

The work of Dr. Green is put aside for the "Library," in which we intend it shall appear before long.

Graduates of Berkshire Medical Institution.—The first Annual Commencement of this institution, under the act of incorporation of April, 1837, took place in Pittsfield, Mass., on Wednesday, 29th November.

The degree of Doctor of Medicine was conferred upon the following gentlemen:—

W. H. H. Chamberlin, Troy, N. Y.—Functional Connection and Sympathetic Influence.
Madison Fletcher, Dalton.—Diathesis—Sthenic and Asthenic.
Daniel D. T. Graham, Mount Hope, N. Y.—Modifying Circumstances.
John V. Ham, Belleville, U. C.—Acute Peritonitis.
Matthias D. Hawes, Trumansburg, N. Y.—Electricity.
Robert Laird, Freehold, N. J.—Syphilis.
John Leland Miller, South Adams.—Apoplexia Sanguinea.
J. G. Miville de Chene, Quebec, L. C.—The Study of Medicine.
William E. Noble, Pittsfield.—Ulcers.
Thos. Nutting, Warwick, R. I.—Cutaneous Diseases.
Isaac Palmer, Boston.—Caries of the Teeth.
William H. Rhodes, Berlin, N. Y.—Peritonitis.
William Stockbridge, North Yarmouth, Me.—Baths.
James C. Stuart, Syracuse, N. Y.—Dysentery.
Leander Sutherland, Windham, N. Y.—Animal Heat.
James H. Torrey, Chesterfield.—Acute Hepatitis.
Nathaniel G. Trow, Hinsdale.—Tobacco.
E. Gustavus Tucker, Boston.—Dental Surgery.
A. C. Whitman, Cranston, R. I.—Purpura Hemorrhagica.
Reuben M. Woodruff, New Orleans, La.—Inflammation.
Benj. S. Woodworth, Rome, N. Y.—Auscultation.

The Honorary Degree of Doctor of Medicine was conferred upon the following gentlemen:—

Samuel B. Barlow, Florida, Orange County, N. Y.
James W. Smith, Rochester, N. Y.
Nathaniel Smith, Bennington, Vt.

At a meeting of the trustees of the Institution, held on the 29th August, 1837, the Degree of Doctor of Medicine was conferred upon the following gentlemen:—

Alex. H. Hull, Berlin, N. Y.—Cynanche Trachealis.
Moses Barrett, Charlemont.—Cephalalgia.
William O. Barclay, Eatontown, N. J.—Cholera.
Dana D. Davis, Warner, N. H.—Typhus Fever.
Daniel H. Dickinson, Boston.—Acute Peritonitis.
Lorenzo Gill, New Lebanon, N. Y.—Apocynum Canabinum.
C. S. Magoun, Woodville, Miss.—Congestive Fever.
Nehemiah Taplin, jr., Corinth, Vt.—Aneurism.

The Honorary Degree was at the same time conferred upon

Gilman Kimball, Lowell,
Philander H. Thomas, Hancock, and
Robert Watts, jr., Pittsfield.

Cutaneous Eruption caused by Copaiba.—Since we penned the remarks on this subject in the last Intelligencer,[1] we have seen another case of urticaria conferta caused by Copaiba, which, on superficial examination, might readily have been pronounced a case of scarlatina. There was accompanying

[1] For December 15, 1837, p. 343.

sore throat, and violent delirium. The eruption on the face was worthy of the name of scarlatina urticata, which has been given to the affection by some; but the elevated tubercular character sufficiently distinguished it from real scarlatina. On the body, the eruption was discrete and not to be mistaken. The affection, which was attended throughout by but little pyrexia, subsided speedily under the use of gentle cathartics—rhubarb and magnesia.

NECROLOGY.

Dr. Philip Syng Physick.—This distinguished individual, who has been justly designated "the father of American surgery," died in this city on the 15th of November, in his seventieth year.

On the announcement of his decease, the faculty, trustees, and students of the University of Pennsylvania, of which he had long been an eminent professor; the faculty and students of Jefferson Medical College; and the Philadelphia Medical Society,—entered into appropriate resolutions in testimony of their sense of his professional eminence and exalted worth.

His funeral, which took place on the 21st ult., was attended by the trustees and faculty of the University of Pennsylvania, the faculty of Jefferson Medical College, the American Philosophical Society, the Philadelphia Medical Society, the members of the reform convention in session in the city, and by the students of both the medical schools, who assembled in numbers to testify their respect for one whose name must ever be inseparably associated with the progress of medical and surgical science in this country.

We hope ere long to be able to place a short necrological notice of the illustrious deceased before our readers. Professor Chapman has been requested by the students of the university to deliver a public discourse on his life and character, and he has accepted the appointment. No one, it need scarcely be said, possesses greater qualifications for the task.

BOOKS RECEIVED.

From the Author.—Introductory Lecture to the Course of the Institutes of Medicine, delivered in the University of Pennsylvania, Nov. 6, 1837. By Samuel Jackson, M. D. 8vo, pp. 30. Philadelphia, 1837.

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[Dr. Cutbush will be pleased to accept our thanks for the reasons which urged him to send us a copy of his appropriate discourse, as well as for the discourse itself.]